

ATTACHMENT A
Agency of Record Marketing Agency Services RFP DBEA 2023-09
Contractor Data Sheet

1. Years in Business: Indicate the length of time you have been in business providing this type of service.

_____ Years _____ Months

2. References: Indicate below at least three (3) accounts for whom you have provided similar work for that has been outlined in the RFP Section 3. Include the date service was furnished, and contacts.

Client	City/State	Date	Contact name/phone

3. Are you a subsidiary firm? ___ Yes ___ No

If yes, list parent affiliation:

Company: _____

Address: _____

City: _____ State: _____

4. Current Number of Clients: _____

5. Number of Full-Time Employees: _____

Authorized Signature(s)

This form must be completed and signed by an officer of the company:

Name of Firm: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Date of incorporation: _____

If not a corporation, state the type of business organization, names and addresses of owners, address and phone of principle place of business, date business began, and state in which organized.

I certify the accuracy of this information.

Signature: _____

Name and title (print or type): _____

Date: _____